

Department of Safety and Professional Services Management Services Division		Request For Payment		Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program	
1. Governmental Unit Name:		2. Grant Number:	3. Request Number:	4. FOR DSPS USE ONLY	
5. Address of the Treasurer where the check for this request should be sent:					
Treasurer's Name:		Street or PO Box Address:		City, State, Zip Code:	
6. Claim Information:		Amount:		FOR DSPS USE ONLY	
A. Total Amount This Claim: (Must agree with total on worksheets submitted with this claim.)					
B. Total Previous Payments:					
C. Total Cumulative to Date: (Total of lines 6A & 6B)					
CERTIFICATION: I certify that to the best of my knowledge the reimbursement represents the state share due which has not been previously requested. That all construction inspections have been performed and all work performed was in accordance with state-approved plans, specifications, Administrative Code and Wisconsin Statutes.					
Signature of Authorized Representative:			Date Signed:	Telephone Number (including area code):	
Printed Name and Title:			E-mail Address		
FOR DSPS USE ONLY					
Total Amount Authorized for This Payment: _____			Fund 100		
Date Completed: _____			Agency 165		
Management Services Division			Org/Sub 2120		
Management Services Division			Appr/Unit 2026		
			Object 5100		
			Fiscal Year		

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].